

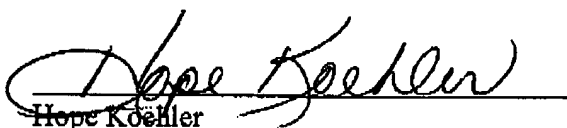
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**CERTIFICATE OF FACSIMILE TRANSMISSION
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571) 273-8300.

Date

7/3/06


Hope Koehler

In Re Application of:

Arturo A. Rodriguez, et al.

Confirmation No.: 6628

Group Art Unit: 2623

Serial No.: 10/073,842

Examiner: Bui, Kieu Oanh T.

Filed: February 11, 2002

Docket No.: A-7496 (191920-1240)


For: **Management of Television Advertising**

**Request for Continued Examination
Amendment Transmittal
Form 2038 Authorizing \$790.00 for the RCE
Submission to Accompany a Request for Continued
Examination (RCE)**

Total Pages Transmitted (including cover sheet) - 21

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| | | | | | |
|---|--|--|--|--|-------------------|
| AMENDMENT TRANSMITTAL LETTER (LARGE) | | | | Docket No. A-7496 (191920-1240) | |
| Applicant(s) Rodriguez, et al. | | | | | |
| Serial No. 10/073842 | Filing Date February 11, 2002 | Examiner Bui, Kieu Oanh T | Confirmation No. 6628 | Group Art Unit 2611 | |
| Invention: Management of Television Advertising | | | | | |
| Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria VA 22313-1450 | | | | | |
| Transmitted herewith is Response to Final Office Action and RCE in the above-identified application. The fee has been calculated and is transmitted as shown below | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 28 - | 78 = | 0 | X \$50.00 | \$0 |
| INDEP. CLAIMS | 3 - | 10 = | 0 | X \$200.00 | \$0 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | \$360.00 | \$0 |
| EXTENSION FEE | 1 ST MONTH <input type="checkbox"/> \$120.00 | 2 ND MONTH <input type="checkbox"/> \$450.00 | 3 RD MONTH <input type="checkbox"/> \$1,020.00 | 4 TH MONTH <input type="checkbox"/> \$1,590.00 | \$0 |
| Other Fees: RCE | | | | | \$790.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$790.00 |
| <input type="checkbox"/> No additional fee is required. <input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778. | | | | | |
|  David Rodack, Reg. No. 47,034 | | | 7-3-06 Date | | |

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